

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET FOR USE WITH FORM PTO-836		SERIAL NO.		APPROX. DATE									
				09/381598									
		CLAIMS											
	AS FILED		AFTER AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
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9							59						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3						TOTAL IND.						
TOTAL DEP.	67						TOTAL DEP.						
TOTAL CLAIMS	70						TOTAL CLAIMS						